

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO. APPLICANT(S)	FILING DATE
						CLAIMS	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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